

# California School-Based MAA Manual

## SECTION 6

### MAA Time Survey

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## **Determining Which Staff Should Time-Survey**

To determine which LEA staff might time-survey, two factors must be considered:

1. Determine which staff perform MAA, and
2. Ensure that appropriate nonfederal funds are expended for MAA in order to receive federal reimbursement.

To determine which staff members perform MAA, work with relevant LEA management and/or administrative staff to discuss both claimable MAA and the various activities performed by staff under the various district or COE programs. It is important to match up the various LEA activities with MAA to ensure that the appropriate staff members are selected. A staff list or organization chart is helpful to identify LEA functions, staff classifications, and lines of supervision.

Once the potential staff classifications are selected, ensure that sufficient appropriate nonfederal funds are expended to receive federal reimbursement for the costs of the selected staff. Staff members whose positions are funded 100-percent by federal dollars may not participate in the MAA program, because the Federal Government is already paying its share of costs. Staff may not participate in the MAA program in the proportion of which their positions are federally funded.

When a staff member performs MAA for multiple claiming units in the same district or if the staff member's time will be entered on multiple invoices, the staff member may only time-survey once, even if they have multiple job classifications. If the individual's time survey is included in multiple invoices, copies of the single time survey that identifies the amount of time worked for each claiming unit must be clearly marked as such and must have an original signature and copies in each audit file.

When staff members perform MAA for an entire fiscal year, the LEA must either time-survey four quarters or time-survey three quarters and average one quarter. Staff must time-survey to be included in the invoice. If the staff member is not going to perform MAA, but provides support to staff who time-survey to MAA, the costs of the supporting staff member whose salaries and benefits are coded with SACS function codes 2700 and 7000–7199 (School Administration and General Administration) are claimable on an allocated basis through the allocated cost pool. Otherwise, if the costs of the supporting staff member are not coded in the School Administration and General Administration function range, then his or her salary and benefits will not be claimable and will fall into the non-MAA Cost Pool.

## **Time Survey Process**

The MAA time survey is the basis of the claim for federal funds, and its completion must be done with strict controls on how it is conducted and how time is recorded.

The time survey is a representative sample of staff's work, which is to be used as the basis of the MAA claim. To claim for an entire year, the LEA must time survey, with the survey time periods randomly selected by CDHS. The LEC/LGA shall be notified no later than the first day in May annually of the first-quarter time survey period. The CDHS-selected second-, third-, and fourth-quarter survey weeks will be reported to the LEC/LGA 45 days before the beginning of the new quarter.

The LEA may average the time survey results of any quarter in a fiscal year. Only staff that have completed surveys in three quarters may be included in the averaging quarter. The LEA may average only one quarter per year. The averaging quarter may not be chosen after surveys are completed. Completed surveys must be used for that quarter. If an LEA time-surveys for a particular quarter, the LEA may not choose to use the average for that quarter.

## **Averaged Quarter Invoicing Methodology**

If the LEA chooses to average a quarter, a weighted average will be used to calculate claims for the averaged quarter. The time survey results for all staff in a claiming unit that time-surveyed for three quarters will be averaged by the claiming unit. Individual staff positions that did not time-surveyed for three quarters must time-survey in the averaged quarter in order to be included in the averaged quarter invoice; this individual's results would be averaged using a weighted average. For example, in a claiming unit that consists of five staff, three staff time-surveyed the first three quarters, staff member 4 hasn't time surveyed at all, and staff person 5 time-surveyed only in the second and third quarters. Staff members 4 and 5 must time-survey in the fourth quarter. Their results would then be averaged into results from the existing average for quarters 1, 2, and 3, using a weighted average. See the example below:

<b>Staff</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Quarters in which staff time-surveyed	1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup>	1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup>	1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup>	None	2 <sup>nd</sup> and 3 <sup>rd</sup>
Average time staff performed MAA for one activity	Average 11.2 hours	Average 11.2 hours	Average 11.2 hours	15.5 hours	21 hours
Calculation for Weighted Average	11.2+11.2+11.2+15.5+21 = 70.1 hours; 70.1 divide by 5=14.02 hours for one activity 14.02 divided by 40 hours (the average paid staff hours)= <b>35.02%</b> (weighted average percentage of time performing MAA				

This calculation must be performed for all activities, MAA and non-MAA. The total time recorded on the survey must total to 100 percent of the staff member's work hours. Claiming units may begin claiming during any quarter of the fiscal year if they participate in the time survey week. If a claiming unit wishes to begin claiming during the averaged quarter, they must time-survey during the randomly selected fourth-quarter time survey week.

Unless their costs are direct-charged, all staff that will participate in MAA must complete the time survey. All new staff must participate in training that helps them understand the various MAA activity codes before they participate in their first time survey.

Training should be conducted close to the week prior to the time survey. Once trained, all staff who time-survey must participate in an annual time survey training. Annual time survey training may not be claimed during any time survey week by the LEC/LGA or LEA coordinator or by the time survey participants.

In each time survey week, all participants must use the same version of the time survey, either the hard copy format or the electronic format. If the claiming unit chooses the hard copy format, participants may complete it in pencil; however, each time survey must be signed in ink (but not in black ink). Electronic time surveys must also be signed in non-black ink. The time participants enter on the time survey must be paid time only, and sufficient supporting documentation must be maintained that verifies that the hours participants were paid equals the amount of time they surveyed. Staff should time-survey daily to ensure accuracy.

Time survey participants may make corrections to the time survey until the results are entered into the invoice. Once the results are entered into the invoice, no further time survey changes may be made. Do not use whiteout on the time survey: all errors must be thoroughly erased or stricken through, corrected, and initialed.

### **Time Survey Documentation**

Each participant identified on the Claiming Unit Functions Grid, whose costs are not direct-charged, must time-survey for five days during the designated quarterly time survey week. When school is:

- In session, staff must time-survey for five consecutive days, excluding Saturdays, Sundays and holidays.
- Out of session on the first day of the time survey period, or for fewer than 30 days, then participants must time-survey on the first day when school resumes and time-survey for five consecutive days, excluding Saturdays, Sundays, and holidays.
- Out of session on the first day of the time survey period, or for more than 30 days, then participants must begin the time-survey six days from when school resumes and time-survey for five consecutive days, excluding Saturdays, Sundays, and holidays.

The time survey activities found in Section 5 require that each participant code only the hours paid according to their contract during the five-day survey week, capturing all activities and using the correct codes. (For example, a participant works a 10-hour day but is only paid for eight hours. The participant should only code 8 hours, starting with the first paid hour of the workday.) Although hours worked might exceed the hours paid, MAA is reimbursement only for paid hours. Each participant must provide a minimum of two specific samples on the back of the time survey of any activities they performed in Codes 4, 6, 8, 10, 12, 14, and 15. The original time survey must be retained in each claiming unit audit file.

Local and regional MAA coordinators are responsible for ensuring that staff complete their time surveys during the time survey period. Coordinators must also help staff complete their time survey forms accurately and verify that staff have completed the sample documentation correctly before placing the time surveys in the audit file. Audit files are subject to State and federal review.

### **Time Survey Administration**

The responsibility for proper administration of MAA Time Surveys is shared by the individual participant, the participant's supervisor, the LEA MAA Coordinator, the LEC/LGA MAA Coordinator, and CDHS.

The time survey process, form, and training summary have been approved by CMS. Significant changes in the MAA program require prior review by CMS.

CDHS designates the time survey periods, issues the time survey form and training materials, trains LEC/LGA MAA Coordinators, and reviews time survey forms and the audit file during site visits.

LEC/LGA MAA Coordinators assist CDHS by training LEA MAA Coordinators on the MAA program, time survey, and audit file. They provide CDHS materials and updates to the local coordinators.

LEA MAA Coordinators are responsible for training all time survey participants, verifying that each time survey form is complete and correct, ensuring that the surveyed activities are claimable, and maintaining the original time survey forms in the claiming unit audit file. The supervisor of the time survey participant verifies that the number of paid hours recorded are the actual hours paid and that the activities are within the participant's job classification. Each time survey participant attends time survey training to learn which MAA activities are within his or her scope of work and how to properly document his or her paid time. Each individual is responsible for completing the form as instructed.

## **Time Survey Review Process**

To ensure compliance with State and federal requirements, CDHS requires the following three-step process before entering time survey results into the invoice.

### **1. Site Supervisors of Time Survey Staff**

The first review will be by the Supervisor. He or she will verify the following:

- a. Samples are completed for MAA codes,
- b. Hours indicated are the employees paid workday, and
- c. All totals are accurate and complete.

If the Supervisor finds problems with a time survey, the problems must be corrected by the participant and returned to the Supervisor. Once approved by the Supervisor, they are forwarded to the LEA MAA Coordinator.

### **2. LEA MAA Coordinators and Surveying Staff Site Supervisors**

The second review is more comprehensive and includes the careful review of samples, training dates, job descriptions, and other elements that must align with the Operational Plan (OP). When problems are found that require correction or further training, the LEA Coordinator contacts the individual participant. The survey participant must correct the survey and/or be provided with additional training, as necessary. Only the survey participant can clarify the sample activities or make corrections to the amount of time per code. If the survey cannot be corrected, it will be removed from the sample. *Sample activity descriptions must maintain a minimum of 80% accuracy for the unit to meet audit compliance.* Time surveys that have not been corrected prior to inclusion into that quarterly invoice *must* be removed from that quarter's invoice.

### **3. LEC/LGA MAA Coordinators**

It is the responsibility of the LEC/LGA Coordinators who signs the invoice and claiming grid to assure the accuracy of the time surveys and their compliance with the School-Based MAA Provider Manual. Each LEC/LGA will conduct reviews of LEA claiming units every three years. These reviews should consist of desk and field reviews of all completed time surveys and any training materials used by the LEA. This review function shall be performed by the LEC/LGA, and may not be subcontracted.

The following must be performed by the LEC/LGA coordinator:

- Attend time survey trainings conducted by or for LEAs.
- Hold LEA Coordinator meetings following time survey periods to enhance LEA Coordinator review of surveys
- Develop, coordinate, or provide additional time survey training as necessary before each quarter.

- Identify regional/county time survey questions and seek clarification through the LEC Committee and approval through the CDHS.
- Identify random LEAs for Operational Plan review and Audit file compliance.

### Role of Vendors

LEAs may use vendors to help administer the MAA program.

Examples of what vendors may do:

- Conduct training for time survey, operational plan, and invoice.
- Prepare LEA invoices for LEA signature.
- Review time surveys only at the LEA level.

Examples of what vendors may not do:

- Perform LEA site reviews at the LEC/LGA level.
- Perform LEA time survey reviews at the LEC/LGA level.
- Retain LEA audit file.

The LEA is ultimately responsible for all claims, deferrals, and disallowances.

### CDHS School-Based MAA Unit Reviews

Quarterly, randomly selected LECs and LGAs will be required to submit the sign-in sheets from the LEC/LGA time survey training and 50 completed time surveys. CDHS will perform an initial desk review followed by site reviews, as warranted. Upon timely conclusion of the review, a final written report reflecting positive and negative findings and recommendations for improved performance will be issued to the LEC and LGA Coordinators.

### Time Survey Review Standards

At each level of review, verification of compliance will include but is not limited to:

- Clean, legible recording of hours or portions of hours for the entire paid workday.
- Correct totaling of MAA and non-MAA hours.
- Correct sample descriptions of MAA activities. The MAA activity must be referenced in staff duty statements.
- Signed and dated by the participant and supervisor *before submitting an invoice*.

Each level of review will conduct field reviews that include the following:

- Matching the individual's job classification on the time survey to their job classification on the claiming grid.
- Training rosters showing the date on which staff members were trained.
- Comparison of paid contract hours with surveyed hours.
- Review of audit binders.

### Non-Compliant Surveys

Time surveys that do not meet the above standards may not be used for claiming in that quarter's invoice, and may not be used to average the remaining quarter results.

### **LEA MAA Time Survey Form**

The LEA MAA Time Survey Form has been developed using MS Office/Excel and can be downloaded from the MAA website at [www.dhs.ca.gov/maa](http://www.dhs.ca.gov/maa). The hard copy format of the form is available on the following two pages. Only the CDHS-approved time survey form may be used. Diskettes with forms may be provided to claiming units so that staff may use the electronic version, print it out when completed, sign it, and turn it in to the appropriate supervisor for signature and maintenance in the local audit file.



Name (Last, First, MI)		Job Classification		Employee Number		Claiming Unit (District)		School Site																							
<b>Record 5 consecutive days</b> - Start with first hour paid - Record the type of activity by code in <b>15-minute increments</b>	Date:		Date:		Date:		Date:		Date:		Total																				
	1	2	3	4	5	6	7	8	1	2		3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6
1) School-Related, Educational, & Other Activities																															
2) Direct Medical Services																															
3) <b>Non-Medi-Cal</b> Outreach																															
4) Initial Medi-Cal Outreach																															
5) Facilitating Application for <b>non-Medi-Cal</b> Programs																															
6) Facilitating Medi-Cal Application																															
7) Referral, Coordination, and Monitoring of <b>non-Medi-Cal</b> Services																															
8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																															
9) Transportation for <b>non-Medi-Cal</b> Services																															
10) Transportation-Related Activities Supporting Medi-Cal Services																															
11) <b>Non-Medi-Cal</b> Translation																															
12) Translation Related to Medi-Cal- Services																															
13) Program Planning, Policy Development, & Interagency Coordination Relating to <b>non-Medi-Cal</b> Services																															
14) Program Planning, Policy Development, and Interagency Coordination Relating to Medi-Cal Services																															
15) Medi-Cal Claims Administration, Coordination, & Training																															
16) General Administration/ Paid Time Off																															
<b>TOTAL HOURS</b>																															
EMPLOYEE SIGNATURE (blue ink only)		TELEPHONE NUMBER		DATE		SUPERVISOR SIGNATURE (blue ink)		DATE																							

Instructions: 1. Include two or three samples of activities performed on lines provided below each code. If the same activity is being routinely performed, indicate such. No more than three samples are required.

2. Complete the survey on a daily basis for the designated time survey period.

3. Draw a vertical line through columns that represent days that are unpaid (unpaid leave).

4. Record time in 15-minute increments using only decimals (0.25, 0.50, 0.75).

5. At the end of the day, total each column in the "Total Hours" column. Each day must equal all hours for which paid that day.

6. Be sure to include each activity for codes 1-16 during the survey period.

7. If hours paid equal more than 8, continue on second survey form.

8. Confirm the sum in the bottom right hand corner equals the sum of the bottom row. Sign and date your survey the last day worked and give it to your supervisor. If two pages are used, sign the second page also.

**NO WHITE OUT ALLOWED**

NAME: \_\_\_\_\_

NO WHITE OUT ALLOWED.

The following codes are reimbursable under the Medi-Cal Administrative Activities program. As you record time under each of these specific codes, please include two to three samples of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. Some examples have been included as a reference.

**Code 4. Initial Medi-Cal Outreach:** Use this code when initially informing persons about the Medi-Cal program. Examples: informing persons, particularly high risk groups, about Medi-Cal, to determine eligibility; providing referral assistance; participating in or coordinating Medi-Cal trainings/outreach directed toward improving the delivery of Medi-Cal services; and referring students to Medi-Cal-covered services, program screenings, program initiatives, and services; identifying and referring students to Medi-Cal family planning services.

Samples: \_\_\_\_\_  
\_\_\_\_\_

**Code 6. Facilitating the Medi-Cal Application:** Use this code when assisting an individual in becoming eligible for the Medi-Cal program. Examples: informing individuals of eligibility criteria; helping a family gather information and prepare and package forms; and referring the family to the local eligibility office. Use available information to expand enrollment in Medi-Cal.

Samples: \_\_\_\_\_  
\_\_\_\_\_

**Code 8. Ongoing Referral, Coordination, and Monitoring of Medi-Cal Services:** Use this code for time spent making referrals and coordinating and/or monitoring the delivery of Medi-Cal services. Examples making referrals for medical/mental health Medi-Cal-covered evaluation/screens (but NOT State-mandated exams), and case-managing medical/mental health evaluations and services in the school and community covered by Medi-Cal.

Samples: \_\_\_\_\_  
\_\_\_\_\_

**Code 10. Transportation Related to Activities in Support of Medi-Cal-covered Services:** Use this code for administrative time spent assisting an individual to obtain transportation to a Medi-Cal-covered service. Example: time coordinating and scheduling IEP specialized transportation to Medi-Cal-covered services. This code does not include time spent billing the provider of the transportation or the actual provision of transportation.

Samples: \_\_\_\_\_  
\_\_\_\_\_

**Code 12. Translation Related to Medi-Cal services:** Use this code when arranging for or providing translation services to help individuals access and understand treatment and plans of care covered by Medi-Cal. Translation services must be provided, or arranged with a separate unit or separate employee who specifically performs translation functions for the school, and it must facilitate access to Medi-Cal-covered services.

Samples: \_\_\_\_\_  
\_\_\_\_\_

**Code 14. Program Planning, Policy Development, and Interagency Coordination related to Medi-Cal Services:** Only employees whose job description includes Medi-Cal planning, policy development and interagency coordination should use this code. Use this code when collaborating with other agencies to evaluate a need for Medi-Cal services; monitoring Medi-Cal/mental health delivery in schools; developing Medi-Cal referral resources; or participating in interagency committees to identify, promote, and develop Medi-Cal-covered services within the school system.

Samples: \_\_\_\_\_  
\_\_\_\_\_

**Code 15. Medi-Cal Administration, Coordination, Claims Administration, and Training:** Use this code for any activity directly related to Medi-Cal administration. Examples: time spent by MAA claiming unit coordinators, LEC/LGA coordinators, and time study participants in training/conferences/meetings related to the MAA program; administration, including overseeing, compiling, revising, and submitting claims and operational plans; and coordination.

Samples: \_\_\_\_\_  
\_\_\_\_\_

Use additional pages for sample documentation of actual MAA performed as needed.

Name (Last, First, MI)		Job Classification		Employee Number		Claiming Unit (District)		School Site																									
<b>If more than 8 hours per day, continue from page 1 in hours 9–16</b> - Record the type of activity in 15-minute increments	Date:		Date:		Date:		Date:		Date:		Total																						
	9	10	11	12	13	14	15	16	9	10		11	12	13	14	15	16	9	10	11	12	13	14	15	16								
	1) School/Education activities																																
	2) Direct Medical Services																																
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	9) Transportation for non-Medi-Cal programs																																
	10) Transportation-related activities supporting Medi-Cal services																																
	11) Translation related to non Medi-Cal-covered services																																
	12) Translation related to Medi-Cal-covered services																																
	13) M/C program planning, policy development, and Interagency Coordination related to non M/C services																																
	14) M/C program planning, development, & Coordination related to Medi-Cal services																																
	15) M/C administration, coordination, claims administration, and training																																
16) General Administration/ Paid Time Off																																	
<b>TOTAL HOURS</b>																																	
EMPLOYEE SIGNATURE (blue ink only)		TELEPHONE NUMBER		DATE		SUPERVISOR SIGNATURE (blue ink)		DATE																									

- Instructions:
1. Include two or three samples of activities performed on lines provided below each code. If the same activity is being routinely performed, indicate such. No more than three samples are required.
  2. Complete the survey on a daily basis for the designated time survey period.
  3. Draw a vertical line through columns that represent days that are unpaid (unpaid leave).
  4. Record time in 15-minute increments using only decimals (0.25, 0.50, 0.75).
  5. At the end of the day, total each column in the "Total Hours" column. Each day must equal all hours for which paid that day.
  6. Be sure to include each activity for codes 1–16 during the survey period.
  7. If hours paid equal more than 8, continue on second survey form.
  8. Confirm the sum in the bottom right hand corner equals the sum of the bottom row. Sign and date your survey the last day worked and give it to your supervisor. If two pages are used, sign the second page also.

**NO WHITE OUT ALLOWED**

### **Direct-Charging in Lieu of Time-Surveying**

Staff who perform MAA Medi-Cal Coordination, Claims Administration, Training and Fiscal Coordination are not required to time-survey. However, to qualify for direct-charge reimbursement, participants must certify that 100 percent of their time spent and be able to provide documentation that supports this percentage. Documentation should include the method used to keep records of time. Ongoing time records or logs would provide a good audit trail and would allow the claiming unit to claim for actual costs, which might vary each quarter. An overhead or indirect rate, established according to OMB Circular A-87 principles, may be applied to personnel expenses. Staff duty statements must show that these activities are part of their job.

*Note: Staff who perform MAA Medi-Cal Coordination, Claims Administration, and Training and who also perform other MAA must time-survey.*

The MAA OP requires the retention of position descriptions showing that MAA Medi-Cal Coordination, Claims Administration, and Training are part of the job of persons whose costs are direct-charged. LEAs that have “generic” position descriptions for job classifications are required to include duty statements describing the specific MAA-related responsibilities.

Related operating expenses can also be direct-charged. Examples might include travel to MAA-related training, computer equipment or programming expenses, or training materials. Claiming units using service bureaus or consultants to assist in MAA Coordination, Claims Administration, and Training may direct-charge these expenses. These items must be included in the MAA OP. Assigning a MAA account number may be useful in isolating these expenses. Direct-charging some smaller expenses, such as printing time survey forms, may not be worth the effort as all direct-charge expenses must be subtracted from overhead costs.

*Note: Costs that are direct-charged on the MAA invoice may not also be included in other sections of a MAA claim.*

### **Examples of Medi-Cal Providers Supporting Schools**

These the following list of providers are often referred to when performing activities related to MAA Outreach, Referral, Coordination, and Monitoring; Arranging Transportation; and Program Planning, Policy Development, and Interagency Coordination.

Audiologist  
Child Health and Disability Prevention Providers (CHDP)  
Clinical Laboratories or Laboratories  
Perinatal Services Program & Teen Pregnancy Services  
County Mental Health/Rehabilitation Services, including Short-Doyle Providers  
Dentists and Dental School Clinics  
Dietitians  
Dispensing Opticians  
Early and Periodic Screening, Diagnosis, and Treatment Providers (EPSDT)  
Hearing Aid Dispensers  
Home Health Agencies  
Hospitals  
Incontinence Medical Supply Dealers  
Intermediate Care Facilities, including Nurse Facilities  
Local Education Agency School Providers  
Medical Specialists  
Nurse Services, including Anesthetists, Midwives Practitioners  
Nurses Licensed Visiting/Vocational Nurse (LVN) and Registered Nurse (RN)  
Occupational Therapists, including California Children Services (CCS)  
Optometrists and Ophthalmologists  
Orthodontists  
Organized Drug Detoxification Providers  
Organized Outpatient Clinics (PH Clinics, Community Clinics)  
Personal Care Service Providers  
Pharmacies/Pharmacists  
Physical Therapists including California Children Services (CCS)  
Physicians  
Podiatrists  
Providers of Medical Transportation  
Psychologists  
Respiratory Therapists  
Regional Center Health Services  
Rehabilitation Centers  
Renal Dialysis Centers and Community Hemodialysis Units  
Rural Health Clinics  
School Counselors with appropriate credentials/licenses  
Social Workers with appropriate credentials/licenses  
Short-Doyle Medi-Cal Providers (Mental Health Division)  
Skilled Nursing Facilities  
Speech-Language Pathologists and Therapists  
Supplemental EPSDT Providers (Mental Health)  
Trained Health Care Aide Services and Physician Assistants